Please print this form and deliver with original signatures to Business Services Attention P-Card Administrator

UNIVERSITY of DENVER

Purchasing Card Application

Business Services Use Only:
____Axol Quest_____
____Access Dist/Train _____
____Listserv Follow Up_____

Cardholder Information:

First Name: _____MI: _____ Last Name: _____

Title: _____

Department Name: _____ Address of Your Building: _____

Cell Phone: _____Business Phone: _____

Date of Birth: _____ Banner ID Number: _____

I have obtained a copy of the University of Denver Purchasing Card User Manual and understand my responsibilities and that failure to follow the rules and requirements may result in loss of P-Card privileges.

_____ _____ _____
Signature of Applicant Date Email Address

Card Coordinator:

Default FOAP:

Division: _____ Resp Crt: _____ Fund: _____ Org: _____ Acct: _____

The Card Coordinator reviews the Cardholder's purchases for necessary documentation and compliance with policies and procedures

_____ _____
Printed Name of Card Coordinator Email Address

_____ _____
Signature of Card Coordinator Date

Approval Signatures:

Higher Level Approver
The Higher Level Approver reviews the Cardholder's purchases for appropriateness.

_____ _____ _____
Printed Name and Title of Higher Level Approver Signature Date

1) Please Circle "Yes" or "No" for each question:

Yes / No This employee can use their card for travel expenses
Yes / No This employee will make card purchases with grant funds

2) Cardholder will use their card (choose only one):

☐ Domestic travel only
☐ Domestic and International travel

Vice Chancellor, Dean, or Division Director

_____ _____ _____
Printed Name and Title of Vice Chancellor, Dean or Division Director Signature Date

ORSP Approved (if applicable) _____ _____
Signature Date

Purchasing Card Agreement

Your participation in the DU Purchasing Card Program is a privilege that carries responsibilities along with it. Although the card is issued in your name, it should be considered University property and should be used with good judgment. Your signature below verifies that you understand the following Purchasing Card Program guidelines and agree to comply with them.

1. I understand the Purchasing Card is provided to employees based on their need to purchase University-related goods and services and that my card may be revoked at any time based on change of assignment or location; it is not an entitlement nor reflective of title or position.
2. I understand the card is for University-related purchases only; I will not make personal charges with the card. DU is a tax exempt organization and is generally exempt from state sales tax. Because taxation applies to personal charges, this misuse of the card can have harmful repercussions for the University.
3. I understand the card is issued in my name, and I am responsible for any and all charges made against the card.
4. I understand improper use of the card can be considered misappropriation of University funds. This may result in disciplinary action, up to and including termination.
5. I understand all charges will be billed directly to and paid directly by the University. The bank cannot accept any monies from me directly; therefore any personal charges billed to the company could be considered misappropriation of company funds.
6. I understand I am expected to comply with University policies and procedures in order to protect University assets; this includes keeping original, itemized receipts, reconciling monthly memo statements, meeting submittal deadlines, and following proper card security measures.
7. I understand I am responsible for reviewing my charges and resolving any discrepancies by contacting the supplier first and then US Bank, at the number on the back of my card, as a final resort if the supplier is unresponsive.
8. I understand each account is assigned a default FOAP and purchases that are not reviewed will be automatically charged to that FOAP at each accounting month end.
9. I understand if my card is lost or stolen I will report it immediately by telephone to US Bank at 800-344-5696 along with a follow-up email to the DU program administrator. Any required fraud paperwork must be submitted to the bank and the DU program administrator immediately.
10. A agree to surrender my card upon termination of employment, whether for retirement, voluntary or involuntary reasons; no further use of the card is authorized.

I, _____ , understand and agree to comply with the terms of this Purchasing Card Agreement:

_____ _____

Cardholder Signature Date